

Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name SUBWAY #3350	Telephone Number Est 812-948-0920 Own (812) 948-0920	Date of Inspection 12/23/2020	ID#
Address 2743 CHARLESTOWN RD, NEW ALBANY IN 47150			
Owner UMANG PATEL	Purpose <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	Follow Up	Released 12/23/2020
Owner's Address 1274 MALLARD CROSSING SCOTTSBURG, IN 47170-		Menu Type 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
Person in Charge NARANDRA PATEL			
Responsible Person's Email SUBWAYKYIN@GMAIL.COM			
Certified Food Handler UMANG PATEL			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
345	X			Observed make-line handsink to have food debris in drain. Handsink is for handwashing only.	RETRAIN STAFF

Summary of Violations C 1 NC 0 R 0

Received by (name and title printed):

NARANDRA PATEL

Inspected by (name and title printed):

A.J. Ingram CHIEF FOOD SPECIALIST

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: